

**Group Overview and Top Three Priorities**  
**Official 2005 White House Conference on Aging Forum**  
**Hosted by the North Carolina Governor's Advisory Council on Aging**  
**Holiday Inn Brownstone Hotel, Raleigh**  
**May 18, 2005, 9 am – 2 pm**

Please complete the following summary page and the sheet identifying the group's overall top three priorities. You may send any supporting documentation. *Return this information to Julie Bell, NC Division of Aging and Adult Services, 2101 Mail Service Center, Raleigh, NC 27699-2101 or to [Julie.Bell@ncmail.net](mailto:Julie.Bell@ncmail.net) by April 15, 2005.*

<b>Name of the Organization:</b>	North Carolina Nurses Association Council of Gerontological Nursing
<b>Contact Information:</b>	Gail Pruett, MSN, RN, Director of Nursing Education and Practice
<b>Date(s) of group session(s) being reported on:</b>	April 7th and April 13th
<b>Total number in attendance:</b>	The Executive Committee Officers of the Council had email, face-to-face and telephone input from its members. The Officers completed these forms based on input and current professional literature.
<b>Number attending the group session(s) from each of the following categories (please check all that may apply):</b>	Consumers: _____ Family Caregivers: _____ Providers: _____ Professional Associations: <u>  5  </u> plus consultation with over 50 Council members Trade Associations: _____ Advocates: _____ Government: _____ LTC Facilities: _____ Academia: _____ Media: _____ Baby Boomers: _____ Other: _____
<b>Any additional information of importance:</b>	Registered Nurses are an integral part of healthcare, working with the elderly in all aspects of their lives; including what-ever place on the health – illness – death continuum they experience. Nurses concentrate on: <ul style="list-style-type: none"> <li>• assisting people to cope with the life changes they face,</li> <li>• maximizing the independence of the clients, patients and residents with whom they work;</li> <li>• optimizing prevention at all levels (Primary prevention is the prevention of a disease before it occurs; secondary prevention is the prevention of recurrences or exacerbations of a disease that already has been diagnosed; and tertiary prevention is the reduction in the amount of disability caused by a disease to achieve the highest level of</li> </ul>

Possible barriers to change:

- 1 It is difficult for many people to think about dying and to anticipate their deaths. People typically respond with avoidance, anxiety and minimizing the need to plan. Experiencing this difficulty includes healthcare providers, who are often hesitant to approach end-of-life care planning with themselves, their residents and patients.
- 2 While there are national initiatives and tools that have been developed to support end-of-life planning, books have been written, and emphasis has been placed on this need; the efforts have not filtered down to point-of-care providers, families, the public-at-large, third party reimbursers, and legislators.
- 3 If individuals and families choose palliative instead of aggressive healthcare, there is resistance by third party payers to support these preferences. Aggressive end-of-life healthcare is often reimbursed; contributing to escalating costs.

Proposed Solutions/Implementation Strategies:

- 1 Educate third party payers, legislators, point-of-care providers, healthcare students, and the public about what resources are already available to assist in end-of-life planning.
- 2 Using reputable resources and personnel, establish opportunities for healthcare providers and citizens to process their own resistance to facing death.
- 3 Funding may come from endowments, partnerships among healthcare facilities, universities, colleges, hospices, and industry. Employers ultimately pay for the services that employees receive; potentially motivating employers to participate in efforts to reduce costs.
- 4 Motivate states to take the initiative in improving end-of-life care.
- 5 Challenge various healthcare disciplines, such as nursing, medicine, social work, etc., to take the lead in each state.
- 6 Nationally recognize states that have demonstrated improvement and leadership in end-of-life planning and care.

**Policy Issue #2: Appropriate healthcare staffing in long term care facilities.**

Importance of Issue/Why chosen:

- 1 Without the appropriate professional healthcare staff, who have education and experience in working with the elderly, and who have critical thinking skills to make choices and direct care that favorably impact residents' physical, social, emotional, intellectual, financial and spiritual well-being; residents decline more rapidly, with pre-mature deaths ensuing. For example, a decrease in the number of decubitus ulcers, catheterizations, urinary tract infections, antibiotic use and death are directly correlated with increased professional nursing staff. And, residents are more likely to be discharged to home when an adequate number of RNs are employed.
- 2 Non-professional providers are important members of the team, have valuable knowledge about individual residents, and bring skills that assist residents in their activities of daily living. However, they do not have the education, ability to synthesize information, make decisions or direct care that prevent illness and injury and that promote the maximum health possible.

- 3 Over the last decade, attorneys have increasingly targeted nursing homes for malpractice lawsuits.

Possible barriers to change:

- 1 Consumers do not always know the types and amount of healthcare that can be provided in assisted living facilities; consequently, their expectations may not fit the reality of what can be provided.
- 2 With the rising cost of healthcare, it is unclear whether or not residents are receiving the level of health care that they are paying for when they enter long term facilities.
- 3 It is unclear whether or not the malpractice lawsuits are frivolous or justified.
- 4 It is unclear whether or not nursing home administrators know how to assure safe, quality health care for their residents.
- 5 Insurance reform in many states is the primary need; rather than tort reform.

Proposed Solutions/Implementation Strategies:

- 1 Examine past malpractice claims and evidence to determine whether or not there is justification for the increased lawsuits.
- 2 In any initiative to control costs and numbers of claims, protect the consumer so that fair compensation is given when injury and damages are sustained. It is important that the rights of long term care residents and their families are not compromised in favor of physicians and attorneys.
- 3 If this consumer protection can be assured, tort reform or insurance reform may be of benefit.
- 4 Educate individuals and their families prior to and when entering long term care facilities about how to obtain the healthcare that is needed. In the absence of alert and oriented residents or family members, utilize ombudsmen to advocate for the needs of these residents.
- 5 Through professional associations, work actively with nursing home administrators to help them understand and implement policy, staff and practice changes within their agencies to improve care to residents.

The completed form—**Top Three Priorities**—should be submitted by **April 15th** to Julie Bell at the Division: 2101 Mail Service Center, Raleigh, NC 27699-2101; fax: 919-733-0443; email: [Julie.Bell@ncmail.net](mailto:Julie.Bell@ncmail.net). If you have questions about this, contact her by email or phone: 919-733-8400.